

**Nursing Engagement with a Distance, Rural Underserved Community: Sustaining
Partnerships Over Time**

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Abstract

Urban nursing schools sometimes have difficulty providing their students with rural, culturally diverse nursing experiences that include caring for underserved populations. Moreover, establishing and maintaining ongoing relationships between urban and rural nursing schools and between urban schools of nursing and rural clinical agencies present additional obstacles for provision of rural, culturally diverse experiences with the underserved. Short-term immersion programs are an alternative to addressing these issues. This article describes the use of faculty and student immersions to sustain long-distance, culturally diverse experiences with underserved people through collaborative relationships.

Findings include the importance of personal relationship development based on respect and the integration of consistent personnel; the employment of cultural humility; ongoing reflective learning; and the development of a strong succession plan.

Conclusions include the recommendations that future clinical immersion experiences be inter-professional through inviting medical and social work students to participate from both the urban and rural locations. Additionally, given that telehealth is important to maintaining contact with patients in both urban and rural challenging environments, developing different distance telehealth simulations for student engagement in the rural area is essential for nursing curriculums. Long term educational opportunities can be negotiated through the development of a contract with clinical agencies in rural underserved areas.

Keywords: rural, culturally diverse, underserved, nursing education, immersion

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What started as an exploratory dinner with the Dean of the School of Nursing, the Director of Global and International Studies from the School of Nursing, and a Jesuit Physician from the Medical School resulted in a long-term opportunity for the School of Nursing. This conversation developed into an immersion experience with an indigenous, rural, underserved population. The resulting success of this program is based on (a) personal relationships, (b) consistent personnel, (c) succession planning, (d) significance of cultural humility, and (e) importance of continuous reflective learning. The educational programming for faculty and nursing students from both the urban and rural nursing programs consisted of engagement, ongoing cultural humility, and acceptance of the differences in the living and learning environments. The purposes of this article are to:

- describe the important elements to develop and sustain a long-distance, collaborative relationship between urban and rural partners,
- provide a rural experience for urban nursing students and faculty, and
- recognize and honor cultural, economic, geographic and educational differences.

Lessons learned along the way and outcomes resulting from these relationships will be discussed.

Background

Nursing students educated in an urban environment may often lack the opportunity to experience clinical education in a rural, underserved, culturally diverse community. In addition, nursing faculty may also lack experience and knowledge of rural health care. The Essentials: Core Competencies for Professional Nursing Education (American Association of Colleges of Nursing [AACN], 2021) state:

Nursing education for the 21st Century ought to reflect a number of contemporary trends and values and address several issues to shape the future workforce, including diversity, equity, and inclusion. The existing inequitable distribution of the nursing workforce across the United States, particularly in underserved urban and rural areas, impacts access to healthcare services across the continuum from health promotion and disease prevention, to chronic disease management, to restorative and supportive care (p. 5).

Immersion experiences may allow the faculty and student an opportunity to focus on a clinical population of interest and clinical role in a rural environment (AACN, 2021).

The reality of “recruiting and retaining health care workers in rural areas is crucial for the continuity of care and development of professional relationships between patients and providers, which is known to improve health outcomes for vulnerable populations” (Russell et al., 2021, p. 3). A lack of Bachelor of Science in Nursing (BSN) prepared staff reduces the availability of preceptors for nursing students engaged in rural clinical experiences. With decreasing proportions of BSN prepared nurses, it is challenging for nurses with limited financial means, who are employees of rural hospitals, to focus on RN-BSN programs along with maintaining their full-time job (Odahowski et al., 2021).

Immersion Plan

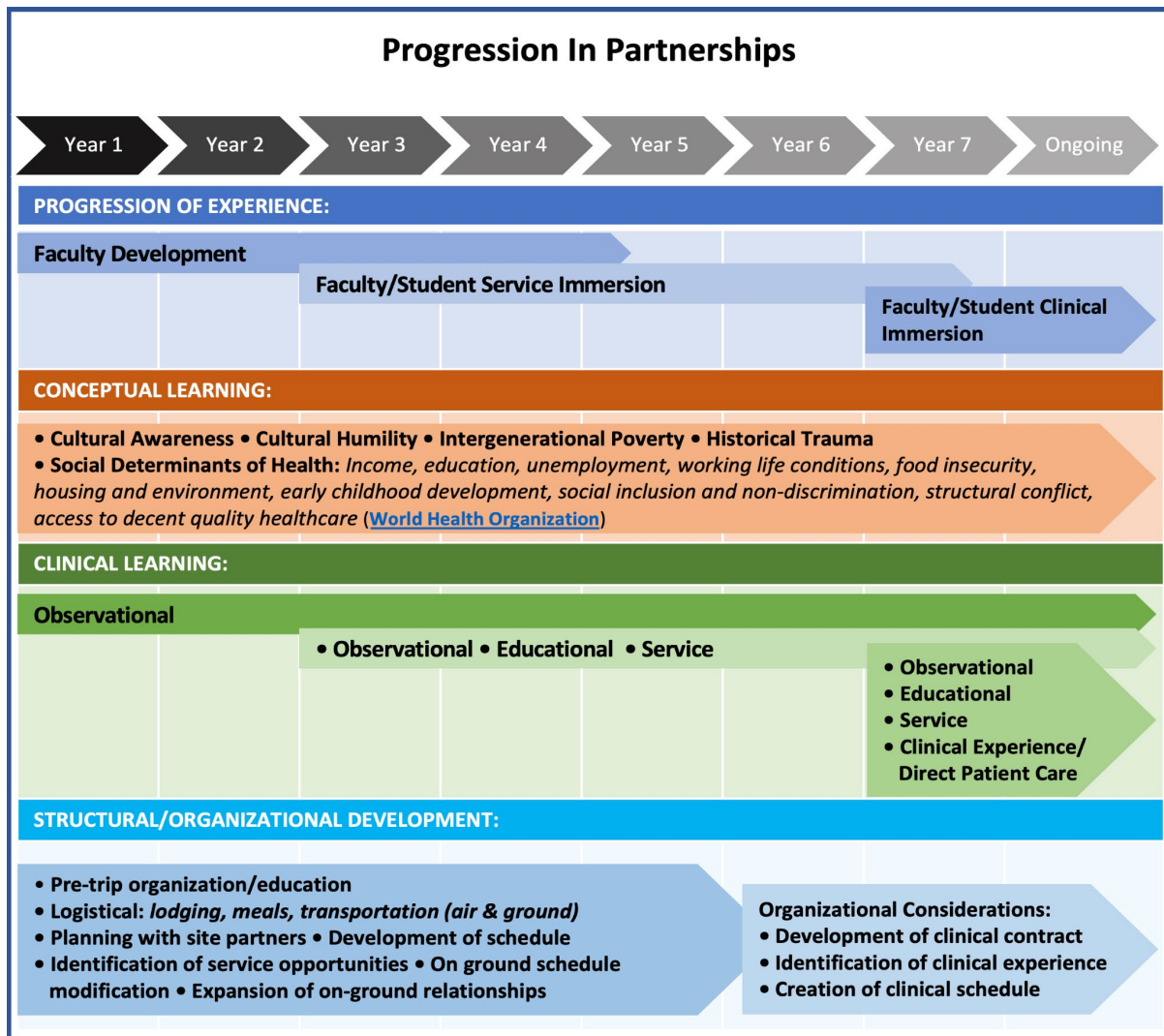
Following the dinner discussion, plans were made for a faculty development immersion. Based on the previous clinical, ministry, and lived experience of the physician, an indigenous, rural, underserved community was the focus of the faculty development immersion. Community residents, healthcare professionals, and educators from multiple school systems who work with and serve the community participated in the five-day faculty development experience. This collaboration ensured that the information provided represented the realities of the lived

experience of indigenous persons living in a rural environment. Partnering and learning from professionals and people who live and work in rural, underserved, culturally diverse areas were critical to the fidelity and success of the immersion plan (Mattingly, 2021).

The faculty development immersion was successful in initiating relationships with the Tribal Nursing Program, a local congregation, and a kindergarten through 12th grade school affiliated with the Jesuit community. After the faculty development experience, nursing faculty continued to build and maintain relationships and initiated several fundraisers for the nursing program located in this rural community. There were also several distance sessions using electronic platforms to connect the rural and urban groups of nursing students which were demographically different and represented disparate student experiences. Over the next several years, immersion planning focused on engagement, service, and the importance of cultural humility (Figure 1).

Figure 1

Progression of Student and Faculty Experiences Over Time



*World Health Organization (n.d.)

Student immersion preparation was thoughtful and deliberate. Travel, lodging, meals, cost, safety, educational preparation, and the immersion schedule were carefully developed in consideration of local weather, travel restrictions due to the COVID-19 pandemic, and academic schedules of both nursing programs. Primary support for the development of the student immersion program came from a Health Research and Services (HRSA) Nursing Education Workforce Grant that was focused on preparing undergraduate nursing students to work with the underserved in

primary care upon graduation (Solari-Twadell, 2018-2022). This grant provided the nursing students and faculty funding to develop, engage, and travel to this underserved, rural community.

Student preparation began with the selection of students. Students applied through a written application and interview process with faculty. Faculty who had worked in and traveled to this rural community shared reflections from their personal experiences using on-line conferencing platforms, YouTube videos, and faculty created presentations. On-line learning modules were designed to include concepts of rural health, population health, primary care, telehealth, and historical trauma using an asynchronous, electronic platform (<https://loyolanpath.com/>). Travel preparations included practical topics such as climate, clothing, required paperwork such as emergency contact information and a proposed schedule (Table 1). Rural community partners provided accurate and timely reports of public health data on the reservation. Although many COVID-19 pandemic precautions were in the process of being lifted and varied by region, care for self, colleagues, and community was an overarching safety consideration.

Accommodations were intentionally chosen at a nearby state park to ensure a comfortable, safe, space to build community among the students and faculty participants and provided opportunities for self and group reflections. Meal preparation and clean-up duties were assigned to participants in pairs to promote communication, develop relationships, and practice teamwork.

Table 1*Schedule for Service Immersion*

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Travel Day	Morning refection – Build Community	Morning reflection – Live simply	Morning reflection - Values	Morning reflection – Do justice	Morning reflection – Lessons learned	Travel day
Lunch at local restaurant	Pack lunch	Pack lunch	Pack lunch	Pack lunch	Lunch at local restaurant	
Rental cars	College Center	Windshield survey	Patient education pamphlet development	Service project at local parish	Tour federal monument, indigenous monument, state park attractions and vistas	Rental cars
Walking tour urban community	Cultural considerations	Service project at local parish	with local nursing program students			
Grocery shopping	Historical trauma					
Lodging check-in	Indian Health Service hospital tour		Indian Health Service presentations			
Schedule						
Expectations						
Evening reflection	Evening reflection	Evening reflection	Evening reflection	Evening reflection	Evening reflection	

A team project aimed at a deeper understanding of the significant health issues facing the rural, underserved population due to racial discrimination resulting from systematic oppression. Students were asked to examine current health outcomes by comparing the nearest largest city, the rural community, and national data sources. Upon arrival, students completed a walking and a windshield survey of the city and the rural area. The students' observations matched current trends, which reveal significant issues experienced by Native Americans including high mortality rates, poor health, low-quality healthcare, high suicide rates, alcohol and substance abuse, depression, and sexual violence (Findling et al., 2019). Evidence supports indigenous populations still widely report discrimination and oppression across multiple domains of their lives (Findling et al., 2019). Noted differences such as terrain, access, built environment, natural environment, socioeconomic

opportunities, and resources provided a deeper understanding of the community and associated social determinants of health (Thibeault, 2019).

Additional learning opportunities were designed and chosen to reflect attributes that define the rural community: (a) culture, (b) spirituality, (c) healthcare resources, (d) education, and (e) environment (Table 2). Planning for two student groups, one from an urban area and one from a rural area, across a one-week time-period challenged faculty organizers. Urban learners were given opportunities such as observation of Indian Health Service outpatient clinics and in-patient units, partaking of traditional foods and customs, learning from long term residents of the community, visiting the grade school, experiencing native rituals, and engagement with the rural nursing students on designated health education projects (Figure 2). Learning experiences were scheduled in advance but allowed for being flexible and “in the moment”. For example, a rural site invited participants to attend a spontaneous prayer service at the affiliated Indian School. After dinner, evening reflections provided a safe space for participants to share perspectives and create new meaning from the day’s experiences. The guided reflective practice resulted in an individual and group frame of reference that was more discriminating, inclusive, and consensual (Anand et al., 2020).

Table 2

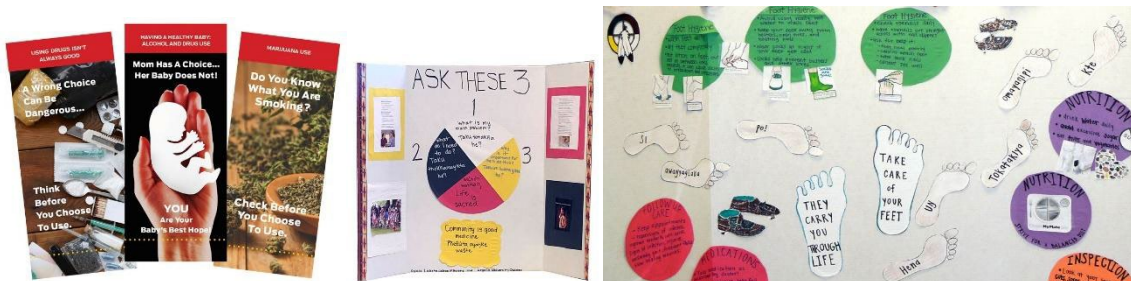
Learning Opportunities

Service-learning Activity	Description of Service-Learning Activity
Morning Reflection	Students, assigned in pairs, selected their topic.
Comparison Community Assessment/Windshield Survey between urban and rural communities.	Student group divided into two groups. A worksheet was provided to note SDOH*. The two student groups worked on the project during the week and presented their observations to students and faculty on the last night.
Visits to rural health clinics to learn about the challenges and successes of rural healthcare initiatives.	Prescheduled visits to tour and hear from the staff at the clinics about patients served, most common

Service-learning Activity	Description of Service-Learning Activity
The spiritual aspect of the human experience through participating in community activities at the local parish.	diagnoses, and other issues related to the indigenous population.
Visit with the Indian Health Service providers who work with the indigenous people from the community related to different diagnoses.	Students and faculty observed and participated in religious rituals that are a combination of American Indian culture and traditions and the Catholic church.
Participation in student projects with nursing students from the community college.	Presentation by health providers that work at Indian Health Services. Following these presentations there were responses to student and faculty questions.
Toured a cemetery and learned about the historical indecencies and oppression of the people.	Development of brochures and educational posters with teams consisting of urban and rural nursing students (Figure 2).
Service Projects with the church.	Listen to stories of the American Indian Children being removed from their home, injustices and continued systemic issues facing American Indians.
Visiting national monument and learning the history and how it has and continues to affect indigenous people.	Preparing for the once-a-month flea market, painting crosses for the cemetery, delivering day old milk to needy families in the community. Mount Rushmore, Crazy Horse, Wounded Knee.
Social determinants of health = SDOH	

Figure 2

Example of Student Projects



Evaluation

Program evaluation included both formal and informal processes. Written evaluations included quantitative and qualitative processes. A University designated evaluation instrument consisted of four sections: (a) student perception of institutional values that most closely aligned with the immersion experience, (b) Likert-type scale evaluating the overall purpose and structure of program, and (c) free-text response citing strengths and opportunities of the immersion experience. Lastly, students related an event, small or large, that was most transformative or valuable as a person. One student wrote: “Learning about the Lakota culture and preparing the community flea market; this activity provided an understanding of daily living in rural communities”. Another student wrote: “When delivering the milk, seeing the contrast between the joy on children’s faces and the reality of their living conditions was very profound. That specific moment is one that I do not think I will ever forget”. These comments reinforced that immersion learning allows students to make cognitive and cultural connections on a personal level that traditional theory courses and clinical experiences cannot replace.

Lessons Learned Along the Way

Providing student nurses an opportunity to expand cultural awareness and practice cultural humility is challenging for many nursing programs (Alexander-Ruff & Kinion, 2018). Having a shared understanding of culture and cultural humility is essential in immersion learning planning. Hughes et al. (2020, p. 29) define culture as “an organic process through which language, customs, values, actions, and institutions influence beliefs, knowledge, and behaviors” of a population. Developing cultural humility requires engagement, continuous reflective learning, and self-reflection to appreciate personal and systematic preconceived notions of a population that may contribute to healthcare disparities (Foronda et al., 2022).

Learning by Engaging

In nursing education, advancing cultural knowledge of a vulnerable population helps student nurses identify barriers, respect the needs of diverse populations, and strengthen compassionate care (Hernandez et al., 2022). Furthermore, the AACN Essentials (2021) emphasizes the importance of considering SDOH in population-focused care across practice settings. The shared stories from professional partners in the rural community stressed the importance of honoring the history of indigenous people and the importance of “listening to each person’s story” while remembering the painful events leading to the systematic oppression of the community. Honoring communities through listening to experts and their experiences requires nurses and other healthcare professionals to become open-minded, open-hearted, and self-aware (Soulé et al., 2022). Soulé et al. (2022) further explained healthcare providers who practice cultural humility demonstrate “intellectual, attitudinal, and behavioral flexibility to interact in a non-judgmental way with populations holding different values, beliefs systems, and healthcare practices than their own” (p. 1). For these reasons, listening, journaling, reflecting, and discussing the historical and ongoing discrimination of Indigenous American people was a difficult but invaluable addition to the immersion experience.

Continuous Reflective Learning

Literature reveals there is an interrelationship between the mind and body experience (Soulé et al., 2022). Creating an immersion learning experience, where one collectivity participates in mind and body experiences, is the ideal vehicle to promote cultural humility towards the Native American population. More specifically, mindful awareness, including awareness of the mind’s inner workings, sensory system, and visceral response, can help regulate our emotional reactions

by promoting empathy and appreciation for diverse values and beliefs (Siegel, 2020; Soulé, 2021). Encouraging this type of flexibility in an immersion experience allows students to “lean in to or approach an unfamiliar or challenging circumstance rather than withdrawing from it” (Soulé et al., 2022, p. 3). Learning about the Native American rural underserved population is insufficient; one must develop a sensitive, appropriate emotional response (multisensory awareness) which then promotes a discernment of the context, emotions, and the ability to make meaning of the knowledge learned (Soulé, 2021; Soulé et al., 2022). Soulé et al. (2022) clarify that having the ability to encounter another’s experience physically is termed embodiment, which includes integrating the cognitive, emotional, and spiritual aspects of the human experience and results in empathy building for diverse populations.

Comprehending Ongoing Systematic Oppression

Some of the historical stories shared with participants by the professionals from the diverse, rural, underserved community included both the Native American conflicts with early settlers and the United States government, as well as the painful historical relationship of the indigenous population and religious orders. Throughout the immersion experience, participants became aware of these tensions, including the Battle of Little Bighorn and the Wounded Knee Massacre. To make meaning, learning activities included visiting some of these historical sites so students could visualize and, more importantly, honor the memory of Native Americans lost in the battles mentioned above.

Sustaining Long Distance, Culturally Diverse Partnerships

Sustaining relationships requires interest, attention, respect, active listening, engagement, and persistence. When the relationship includes cultural diversity, comprehending the needs, values and context of the other is essential. For example, coming from an urban, fast-paced, noisy,

and highly scheduled environment to a rural, timed-to-nature, quiet and loosely planned day is important to recognize. It is too easy for the urbanite to become frustrated by what appears to be an intentional lack of attention to time and schedule. Most importantly, is the recognition that the urban visitors are guests of those in residence. As guests, there needs to be an attitude of gratitude, total presence of learning, respect of the cultural values and clarity that events will happen, or not happen, according to those that are taking their time to help the visitor learn. Attention, respect and dedication to ask the needed questions while listening to the sometimes hard-to-hear answers is required. For example, the four values of the Lakota Sioux are: generosity, courage, respect and wisdom ([Lakota - Four Values \(kalloch.org\)](http://kalloch.org)). Knowing this, it is important that visitors understand how the Lakota Sioux operationalize the meaning of these words. Understanding implies being able to adjust personal behavior in order to honor the beliefs of those with whom a partnership is desired.

Relationships between the partners have been enhanced by the faculty, leader of the parish, and leadership at the school remaining consistent over time. This consistency in personnel has allowed for deeper, more trustworthy relationships that support openness in conversation and planning.

Future Considerations

Figure 1 illustrates the experience progression, beginning with faculty development and the current work of developing a faculty and student clinical immersion experience. Future clinical immersion experiences could include an interprofessional element by inviting medical and social work students to participate. Since telehealth is important to maintaining contact with patients in geographically challenging environments, developing different distance telehealth simulations for student engagement in the rural area is essential for preparing nurses. The use of telehealth for

consultation and supply of health care resources not available in the rural area is also an important exercise that could demonstrate to students the significance of developing skills in telehealth.

Engaging faculty from the Nursing Program in the rural area is important. Multiple invitations have been extended to faculty from the rural community to come to the urban School of Nursing to observe and see the type of simulation being offered. Faculty from the rural community also developed two asynchronous learning modules. One module is entitled Historical Trauma in the Native Indian Population and a second module Considerations in the Care of the American Indians for student use in better understanding the indigenous population. These relationships can lead to clinical contracts for urban nursing students to have their clinical experiences in a rural setting.

In order to meet the rural health care challenges, address the SDOH, and promote health equity in the future, nursing education needs to include a rural experience for nursing students (National Academies of Science, Engineering, and Medicine [NASEM], 2021). In order to accomplish this mandate, the National League for Nursing (as cited in NASEM, 2021) vision in part calls for the "...creation of partnerships with community agencies to provide experiences that intentionally expose students to address the impact of SDH on patients, families and communities" (p 194). Developing and sustaining long distance collaborative relationships for the provision of student rural clinical experiences can inherently challenge all parties to not only consider, but plan for cultural, economic, geographic, and educational differences. This requires time, intention, and cultural humility on the part of all partners. This article has related one example of a successful partnership.

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